MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-014200
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 942

FILED MAR 25 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | INSTEAD OF | SHOULD READ | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bellefontaine Nghs.
Length of stay in 1b: 37 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. L. State School & Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: St. Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4246 Ravenwood, Pine Lawn
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Lydia Middle: Marie Last: Henkler

4. DATE OF DEATH: Month: March Day: 13 Year: 1963

5. SEX	6. COLOR OR RACE	7. Married / Never Married / Widowed / Divorced	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR Hours / Min.
F	White	Never Married [X]	12/8/20	42 yrs		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------
10b. KIND OF BUSINESS OR INDUSTRY: --------
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Carl Henkler
13b. MOTHER'S MAIDEN NAME: Hulda Herman
14. NAME OF HUSBAND OR WIFE: --------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --------
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Records Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Convulsive siezure	Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Epilepsy	42 yrs
DUE TO (c)	Mental Deficiency	42 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Blind

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-16-62 to 3-13-63 and last saw her/him alive on 3-13-63
Death occurred at 4:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dorothy M. Ellerwich M.D.
22b. ADDRESS: 10695 Bellefontaine Rd.
22c. DATE SIGNED: 3-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Anatomical
23b. DATE: 3-18-63
23c. NAME OF CEMETERY OR CREMATORY: Rowland-Aker Mortuary Service
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS: 4104 Manchester Ave. St. Louis 10, Mo.
25. DATE RECD. BY LOCAL REG.: 3-18-63
25. REGISTRAR'S SIGNATURE: John G. Mundy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.